



# Complex REhAb Technology (CREATE) Conference

**18<sup>th</sup> & 19<sup>th</sup> October 2024**

## REGISTRATION FORM

### A: Individual details:

Full name: Prof./Dr./Mr./Ms. \_\_\_\_\_

(Capital letters)

Name for certificate: \_\_\_\_\_

(Capital letters)

Gender:      Male       Female       Others

RCI CRR Number: \_\_\_\_\_

(If not applicable mention N. A.)

Professional registration number: \_\_\_\_\_

(MCI/IAP/AIOTA/ISPO/Others, If not applicable mention N. A.)

Postal address: \_\_\_\_\_

City/State/Zip Code/Country: \_\_\_\_\_

Contact number: \_\_\_\_\_

Country code

Phone number

Alternative contact number: \_\_\_\_\_

Country code

Phone number

Email address: \_\_\_\_\_ Occupation: \_\_\_\_\_

Organisation/University name : \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Title in organisation/University: \_\_\_\_\_

**B: For Overseas/SAARC delegates:**

\*Passport No: \_\_\_\_\_

Issuing authority: \_\_\_\_\_

Nationality: \_\_\_\_\_

Date of expiry: \_\_\_\_\_

**C: Delegates profile:** Please indicate your category  
(select all that apply)

Healthcare Professional

Professional Bodies

Rehabilitation Professional

Government Agencies

Caregivers Personnel

National and International Bodies

Researchers

Non government Organisations

Product Developers

Academia and Universities

Manufacturers

Corporates/MNCs

Engineers & Architects

Students



Persons with Disabilities

Others (please specify)

\_\_\_\_\_

**D: Area of expertise:**

Please indicate your category (select all that apply)

-  Prosthetist & Orthotist   Mobility   Vision
-  Hearing & Communications   Occupational Therapy
-  Physiotherapist   Environment & Selfcare   Cognition
- Others (please specify) \_\_\_\_\_

**E: If you need to be accompanied by an assistant, please register his/her name as delegate type:**

“Individual” and specify his/her name for the badge below:

Assistant name: \_\_\_\_\_

**F: Please indicate if you need printed material in braille:**

**G: Registration fees:** Attach payment receipt with registration form (look next page for bank details)

- Delegate types:**
- Professionals (INR 3000)
  - Corporates/Institutions (INR 3000)
  - Overseas delegates (USD 100)
  - SAARC Country (USD 50)
  - Students (INR 2000)

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

*We look forward to welcome you at the conference on*



Please deposit the conference registration fees to the following bank account:

**BANK DETAILS - REGISTRATION FEES:**

**BANK NAME** : UNION BANK OF INDIA  
**ACCOUNT NAME** : MOBILITY INDIA  
**ACCOUNT NO** : 120810011000750  
**BRANCH** : J.P. NAGAR BRANCH  
**LOCATION** : BANGALORE  
**Address** : #759, Sri Gururaya Mansion, 8th Main Road,  
Phase-III, J.P.Nagar, Bengaluru-560 078  
**IFSC CODE** : UBIN0812081  
**SWIFT CODE** : UBININBBNG

Please specify your UTR number here: \_\_\_\_\_

OR

Upload a receipt of your transaction here (JPG/PNG/PDF):



Upload your student ID here (JPG/PNG/PDF):

